

## European observatory will promote better health policy

A new European initiative, the European Observatory on Health Care Systems, will be launched next Thursday. Its aim is to promote the development of evidence based health policy. Tessa Richards spoke to **Josep Figueras**, coordinator of the observatory's activities, to find out how the organisation plans to do this.



Josep Figueras, observatory coordinator, aims to sharpen information

Europe, as defined by the World Health Organisation, consists of 51 states. Member countries span wide cultural, social, and economic divides but all face the same challenge of providing their citizens with humane, equitable, and affordable health care. Over the past decade, most states have attempted to achieve this by reforming their healthcare systems. The results have been disappointing in many cases, not least because the reforms have been driven more by ideology than evidence (*European Journal of Public Health* 1998;8:99-101)—and this is where the European Observatory on Health Care Systems comes in.

"There is some information about what reforms work and where they work," maintains Dr Josep Figueras, coordinator of the observatory's work and one of its directors. "But it's not readily accessible or easy to interpret. Information is mostly in academic journals and much of it is unpublished. The expertise of the observatory is to collate the information, analyse it,

structure it, and present the findings clearly to those responsible for making and implementing health policy."

As a new partnership between academic institutions, two national governments, and

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two international agencies (box), the observatory aims to bridge the gap between academia and policy makers.

Work at the observatory will concentrate on three major areas. The first area is the production of profiles of healthcare systems in transition—that is, systematic descriptions of health reforms in the different countries in the European region. These profiles were developed by the World Health Organisation in the wake of the landmark Ljubljana conference in 1996, where health ministers from the 51 member states of the European region

made a pledge to monitor and evaluate health reforms (*BMJ* 1996;312:1664-5). Over 30 of the 51 profiles have now been completed and should be available on the observatory's website by the end of the year.

"The reports have been compiled using a standard methodology, so it has been possible to compare experiences and draw broad conclusions about which reforms work and why," said Dr Figueras. "Where market reforms are introduced, for example, the received wisdom has been that the role of the state can be reduced. In reality, it needs to be increased because there is a much greater need for monitoring and regulation. It is also clear that tinkering with the demand side of health care—by moving more costs on to patients or denying them treatments—is less effective than improving delivery."

The second tranche of the observatory's work lies in conducting subregional, comparative analyses between countries facing similar problems to see what lessons can be learnt. "In the past, central and eastern European countries have tended to follow western European models, but they can undoubtedly learn much more about how to tackle their healthcare problems from each other." Rigorous analysis of data is an essential prerequisite of cross country comparative research because of the existence of many confounding factors.

The third area of research is focused on four key areas that the observatory's partners have identified as important: the role of the hospital and its interface with pri-

mary and community care, the role of the state in regulating health services, options for funding care, and the use of contracting to implement health policies.

In addition the observatory is setting up a clearing house of data on published and unpublished literature on health care reform to promote access to information.

One potential criticism of the observatory is that its work may overlap with other initiatives in Europe. Only a few weeks ago the WHO opened its European Centre for Health Policy in Brussels, which was billed as an "evidence based think tank for shaping health policy action."

"We are aware that we must avoid duplication of effort," says Dr Figueras, "and in the case of the WHO centre I think there is little risk, for it is primarily concerned with public health issues, not health reforms."

"We are also aware that the observatory has to add value. Ultimately, we will be judged on whether our clients find our products useful."

And the nature of these products? Dissemination of information is central to the observatory's activities. It will publish a quarterly newsletter as a supplement in *Eurohealth*. From its website, visitors can access information about ongoing projects and publications. The observatory runs short term fellowships for policy makers and organises meetings on key health policy issues.

With funds secured for only three years, the observatory has limited time in which to prove its worth, but there are signs that it has got off to a good start. Steve Wright, project analyst at the European Investment Bank, speaks positively about the bank's partnership with the observatory. "The bank has had a mandate to finance healthcare projects in the European Union since 1997. Through the observatory we have been able to find the right people to advise us and get information about effective practice. This has helped us discriminate between competing projects." □

The observatory's website is at [www.observatory.dk](http://www.observatory.dk).

### Members of the observatory partnership

- World Health Organisation, regional office for Europe
- Government of Norway
- Government of Spain
- European Investment Bank
- World Bank
- London School of Economics and Political Science
- London School of Hygiene and Tropical Medicine